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## ORIGINAL DEPARTMENT.

### COMMUNICATIONS.

#### Nervous Deafness.

Translated from the French of "Duchenne, De l'Électrisation Localisée," Paris, 1861.

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(Continued from page 243.)

#### 2. Deafness from the use of sulphate of quinine.

—It is not uncommon for hardness of hearing, or even deafness, to supervene upon the administration of sulphate of quinine. This deafness by the sulphate of quinine is sometimes incurable, as the following case shows:—

Case 3.—In 1852, a colleague of mine, chief assistant at the Val de Grace, presented to me his father, who, for five years, had been affected by complete deafness in both ears; my colleague hoping that I could effect a cure by electrifying the inner ear. The following are the particulars which were given to me in this case: M. X., captain of infantry, had, while in Africa, an intermittent fever, which was followed by a considerable hypertrophy of the spleen, which resisted treatment by quinine in the ordinary dose. The dose, consequently, had to be largely increased, and the treatment long continued. After that treatment, obstinate headache supervened, accompanied by intra-aural noises and hardness of hearing. At the end of some five or six months, the headache disappeared; but the intra-aural sounds continued, and the deafness gradually increased. The patient was subjected to various kinds of treatment, all of which failed, although they were directed by men well instructed in their professional specialty. On examining M. X., I ascertained, as more experienced men had previously, that the Eustachian tube was free on both sides, as also was the external auditory conduit. Nevertheless, the deafness was complete. M. X. could not hear even explosive noises; he only perceived the shock that they

produced. I immediately resorted to my Faradisation of the ear. M. X., at each intermittence, perceived neither noise nor sensation in the depth of the ear, or in the tongue, although I had gradually raised the intensity of the current to a much higher than the ordinary degree. After ten trials, which produced no improvement, I abandoned that treatment, which, indeed, after the first electric exploration of the ear, offered me but little chance of success.

The fact of the incurableness of that case of deafness by the sulphate of quinine, adds importance to the therapeutic fact which I am about to relate.

Case 4.—In bed No. 13, Saint Martha's ward, lay a young girl, who, for a long time, had suffered under a tertian intermittent fever; the spleen being greatly enlarged, and the disease of long standing. M. Briquet gave that patient a gramme of sulphate of quinine, every twenty-four hours, during nine successive days. From the first day, she had a commencement of intra-aural noises, which increased from day to day, and became complicated by a deafness so decided that the ticking of a watch, placed in contact with the ear, could not be heard on either side, nor could even the loudest tones of voice be heard. The patient remained in that state for a fortnight, when M. Briquet, seeing no other means of cure, requested me to subject his patient to Faradisation of the ear. The operation was performed in my usual manner. On the excited side, the patient heard a sound, and felt numbness in the tongue, followed by pricklings. Scarcely was the operation at an end, when, on the excited side, she heard the tickings of the watch and the conversation of the persons around her. On the opposite side, the deafness still persisted. On the following day, only that side was in its turn subjected to the electric excitation, which provoked the same sensations as the first operation had provoked in the other ear, but not so freely and completely. On the third day, I made another electrical operation, which sufficed to restore the hearing to its normal state. From that moment, also, the intra-aural sounds ceased. The patient remained a fortnight after her cure, so that its permanence could be well ascertained.

3. *Deafness consecutive to continued eruptive fevers, or without known cause, and resisting all previous treatment, and of from ten to twenty years duration.*—I have now to produce some facts, which, in consequence of the long duration of the deafness, and the resistance which it had previously opposed to the most varied of well-directed modes of treatment, incontestably prove the therapeutic value of the Faradisation of the muscles of the chain of the little bones, and of the chord of the tympanum.

*Case 5.—Double deafness, complete on the left, (consecutive upon an eruptive fever,) existent for sixteen years, and having resisted injections of the Eustachian tube, and the perforation of the membrane of the tympanum. Cure by the Faradisation of the motor muscles of the little bones, and of the chord of the tympanum.*—Emmanuel Glayray, aged twenty-six, a native of Arvier, Piedmont, became deaf, after an eruptive fever, when he was about nine years old. In his own country, he was subjected to various modes of treatment, but without success. In January, 1856, he came to Paris to obtain the aid of a surgeon-aurist of great reputation. Injections into the Eustachian tube were made during several weeks, and as they produced no improvement, perforation of the membrane of the tympanum was next resorted to. This operation being equally unsuccessful, the patient was advised to renounce all further treatment.

It was under these circumstances that, in 1856, he consulted me. I ascertained that his hearing was entirely lost on the left, and was extremely weak on the right; on closing the right ear, he could not hear any sound, how loud soever it might be. He did not perceive the ticking of the watch, when placed in contact with his ear. On the right, it was necessary to speak to him quite near his ear, and in very loud tones. On that side, he heard my watch at a few centimetres of distance. He complained of continual buzzings and whistlings, stronger on the left than on the right, and, finally, he stated that he had been in that state from the ninth year of his age. The most attentive examination did not enable me to discover any organic lesion. The Eustachian tube and the auditory conduit were perfectly free, which, indeed, had been recognized by the practitioners by whom he had previously been attended. I immediately Faradised his ears in the manner previously described, and, during the operation, the patient spoke of the sensations habitually attendant upon it; but said that they were much less decided on the left than on the right. That first operation made no improvement in his condition. It was not until after the third that he began to hear the voice on the left side, and to distinguish the ticking of my watch when in contact with his ear. The various intra-aural sounds, which had diminished after the second Faradisation, now, after the third, entirely disappeared. He heard equally well on

the right; for I could converse with him, in my ordinary tone of voice, from one end of my study to the other.

The succeeding operations, performed three times a week, produced a progressive improvement, and after the tenth he heard in a satisfactory manner, and as well on the left as on the right. He could readily maintain conversation, and he heard my watch, on both sides, at a very considerable distance. He returned to his own country, whence, several months afterward, he wrote me the intelligence that his cure still continued.

That case of deafness, on account of its long duration and its resistance to various and energetic modes of treatment, appeared to me to present no chance of cure. But the patient was a poor workman who, in his despair, implored my aid, and then the electric operation which he solicited caused no pain, and could not make his condition worse than it already was. It was on those considerations that I consented to try the experiment upon him. The full success which, as we have seen, attended upon it, furnished a very useful lesson. It throws a broad and bright light on the potency of the therapeutic action of Faradisation of the motor muscles of the little bones, and of the chord of the tympanum, in the treatment of nervous deafness. It also demonstrates that in all cases of nervous deafness, where there is no appreciable organic lesion, of however long duration the disease may have been, and however unsuccessful may have been the most rational treatments, we should never despair of the cure until after we have tried the process of Faradisation. In support of that assertion, I will summarily report two other and no less remarkable cases, in which the long and unsuccessful treatment by catheterization of the Eustachian tube is contrasted by rapid cure by the process of Faradisation.

*Case 6.—Double nervous deafness, weak on the left, complete on the right, consecutive upon measles, obstinate against catheterism of the Eustachian tube and other exciting means, cured by Faradisation of the motor muscles of the little bones and of the chord of the tympanum, in twenty operations.*—M. X., aged twenty-one, has from his eighth year, when he had the measles, been almost completely deaf on the right and hard of hearing on the left, the disease being complicated by various intra-aural noises. That deafness, although incomplete as to one ear, was a serious obstacle to him alike in his business and in his intercourse with society. He had vainly appealed to the great professional lights of the capital, but derived no benefit from the various exciting treatments—catheterism, in-

jection into the Eustachian tube and into the external auditory conduit, and blisters. Yet his tubes were free, and the aurist-surgeons whom he had consulted could perceive no organic lesion. I performed the Faradisation of the ear in the manner previously described. My patient experienced all the customary physiological effects. Immediately afterward my voice seemed to him to be more distinct. The succeeding operations produced incontestable improvement. Thus, after the sixth, he could converse with me easily from a distance, and without my having occasion to raise my voice; at the theatre he heard without fatigue the recitation of the performers, and he enjoyed music which previously had been for him a mere confusion of sounds. However, it was not until after the twentieth operation that the cure appeared to me to be as complete as possible.

*Case 7.—Complete deafness of twenty years' duration on the left, incomplete deafness of ten years' duration on the right, obstinate under all interior treatments, cured on the left by Faradisation of the motor muscles of the little bones and of the chord of the tympanum.*—M. Novinski, a Polish refugee, aged thirty, was the patient in this case. At the age of ten he had been afflicted with pains in the head, in the temporal region, on each side, without fever, sore throat, or ear-ache. There was gradual weakness of the hearing on the left, and complete deafness on that side when he was about fourteen years old. At the age of twenty, after a continued fever, typhoid, which endured for a fortnight, there was weakness of hearing on the right, with whistling and buzzing. In that year, 1851, he first had medical attention at Posen, under Doctor Hoffman, who treated him with catheterism of the Eustachian tube, blisters, and glycerin. There was no obstruction of the Eustachian tube. That first treatment, which was pursued for three months, had no effect. In 1857 the patient was treated by Dr. Blanchet, with etherized injection into the Eustachian tube, thrice a week for a fortnight, and with pills of the composition of which the patient was unaware. Still there was no improvement. M. Raciborski next treated the patient with aluminous gargles, and the glycerin injection into the exterior auditory conduit. This last course of treatment had no better success than the former ones.

A surgeon whose specialty was the treatment of deaf-mutism, examined the exterior auditory conduit and the tubes, but pronounced them to be in normal condition. It was in this state of the case that, on the 5th of March, 1858, M. Novinski was introduced to my notice by my professional brethren MM. Raciborski and Lbrogek, of Wilna. The electrical excitation of the muscles of the little bones and of the chord of the tympanum produced normal sounds and the usual lingual sensations. (I should notice here that the tongue, which during the operation became dry and raspy, became very moist soon afterward, and M. Novinski informed me on the following

day that he had been somewhat salivated.) It was only after the sixth operation that M. Novinski began to experience an improvement on the left side, where the hearing had been entirely lost for twenty years. Thus, when he closed up the right ear he could hear voices confusedly, while previously he could not hear voices however close to him, or however loudly exerted. That improvement increased to such an extent that, after twenty operations, he could hear better with the ear which had for twenty years been completely deaf, than with the ear which had only been hard of hearing. It is to be remarked that the last-mentioned ear, which had only been affected during ten years, was not at all benefited by those electrical excitations, the continuous intraural noises upon that side were not even diminished. M. Novinski being obliged to return to his own country, was unfortunately compelled to forego the continuation of his treatment, but he sent me, a few months afterward, a letter informing me of the persistence of the result that had been obtained.

I might follow up these cases of cure or amelioration of nervous deafness, obstinate during long years under all other treatment than that of Faradisation of the muscles of the little bones and of the chord of the tympanum, by relating some other instances of similar cures or ameliorations, under analogous circumstances, or supervening gradually, and without known cause. I might report one case of cure, where this disease had persisted during two years, and which had seemed only to become aggravated under treatment with catheterism of the Eustachian tube, and other means, by my honorable and very skillful professional brother M. Hubert Valleroux. One ear was completely lost, and the other could hear but little. The hearing was recovered on both sides when I had operated twenty times. That cure was obtained by Faradisation of the middle and inner ear of a young woman, who was recommended to me in 1860, by my friend and professional brother M. Salles-Giron, editor in chief of the *Revue Médicale*. But to quote further would be useless, and only extend these researches and increase the bulk of this volume. To sum up; the preceding facts superabundantly demonstrate that the Faradisation of the chord of the tympanum and of the motor muscles of the little bones, when applied to the treatment of nervous deafness, produces the happiest results.

The exactitude of that proposition, which, indeed, necessarily follows upon the facts exhibited in the same article, has been newly proven by the facts adduced in an important work, by Dr.



Philippeaux, of Lyons, in the *Bulletin de Thérapeutique*, t. 53, p. 456.

But it is not in that point of view that that work was written. The writer, a sagacious observer as well as a very skillful practitioner of localized Faradisation, had it not in view merely to verify by experiments the facts which proceed from my researches. His principal object was to demonstrate the value of a prognostic symptom of nervous deafness taken from the state of sensibility of the chord of the tympanum. This leads me, in terminating this paragraph, to inquire whether pathognomonic prognostic symptoms exist for cases of nervous deafness?

C. *Of the prognostic symptoms of nervous deafness obtained by Faradisation of the chord of the tympanum, and of the little bones.*—It follows, as we perceive from the facts given above, that generally hysteric deafness is curable by the Faradisation of the motor muscles of the little bones, and of the chord of the tympanum. But, alas! the same means are far from being equally potent in all kinds of nervous deafness.

Perhaps it might be useful to show, with reference to cases of cure of nervous deafness apart from the hysteric condition, and of which I have reported a few instances, the only too numerous unsuccessful cases under this same method of electric treatment, applied, nevertheless, under apparently similar conditions. But do these unsuccessful cases really belong to the class of nervous deafness? The differential diagnosis of nervous deafness is not so simple as it is represented to be by the writers of special treatises. It is no longer allowable for us to say with Kramer: "When we shall have ascertained the absence of all material change in the exterior meatus or in the middle ear, we may, without fear of error, diagnosticate a nervous deafness." In fact, apart from those material changes of the exterior meatus and of the Eustachian tube, there are incontestably other changes—those of the middle and inner ear—the diagnosis of which is still unknown, and which, even to the present day, have been confounded with nervous deafness.

It will readily be conceived, then, how important it is to distinguish these cases from each other; and, especially, how much science will thereby gain in consideration. This was perfectly comprehended by M. Philippeaux. That observer at first perceived that, to use his own words:—

"There is a certain number of deaf persons who have been thus affected during a longer or shorter time, who, notwithstanding their affection, very distinctly feel, under the influence of electricity, that characteristic pain on the tip of the tongue, while there are others in whom that symptom is completely wanting."

Having subsequently noticed that among patients of the latter class he could never obtain a cure, or even improvement, he thence quite rationally concluded that in those latter cases the deafness was in fact incurable.

"I am so little encouraged," he says, "seeing my want of success with those deaf patients who, on electrical exploration, have not shown the characteristic symptoms which I am endeavoring to establish in this memoir, that I now entirely decline the treatment of deafness of long standing, where patients, on electrical exploration, do not exhibit that peculiar sensation physiologically perceived at the tip of the tongue."

This announcement is serious, and compels me frankly to declare what a long experience has taught me upon this head.

From the commencement of my researches into the properties of the chord of the tympanum, I have remarked in some individuals the complete absence of the physiological sensations perceptible by the tongue, under the energetic excitation of that nerve. I confess that it did not occur to me to inquire into the value of that phenomenon as a prognostic symptom of nervous deafness, and for this reason: among those in whom I have noticed that anomaly, I have found some whose hearing was perfectly sound. One instance of this is to be found in my memoir of 1851, upon the properties of the chord of the tympanum. In case 1, in that memoir, I say:—

"Having galvanized the chord of the tympanum alternately on the right and on the left side, I ascertained that the excitation produced on the left (the paralyzed side) no general or gustatory sensation in the tongue, while on the sound side those phenomena which I previously described were complained of by the patient."

The patient in question was attacked by rheumatic facial hemiplegia, and presented no alteration of hearing. But still further, deaf patients, in whom I could not produce excitation of the chord of the tympanum, have none the less been cured by my process of Faradisation of the ear. Of the two cases of cure of deafness reported in the former edition of this work, there is one (case 183) in which I could not provoke any



lingual sensation during the operation.\* Case 247, reported in this article, presents still another remarkable instance.

*The absence of lingual sensations, produced by the electrical excitation, is not, then, a pathognomonic symptom of an incurable nervous deafness.*

However, the prognostic symptom preferred by the learned Lyonese practitioner is not without its value; for the inexcitability of the chord of the tympanum may depend upon the lesion, or the absence of that nerve; and in that case there is reason to fear that the lesion may more or less deeply have affected all the organs of the hearing, the nerves, the muscles, and the little bones.

M. Farno, member of the Faculty of Medicine, of Paris, permitted me to see a fine piece of pathological anatomy, in which all the organs of the middle ear were destroyed. (See Case 247.) Moreover, there are other similar instances. But from even the certainly diagnosed lesion of the chord of the tympanum we could not conclude upon the incurableness of a deafness; for, as I believe I have demonstrated in my memoirs, that nerve is unconnected with the acoustic nerve.

The new prognostic symptom of deafness preferred by M. Philippeaux would have a far higher value if to the inexcitability of the chord of the tympanum there were added the absence of the peculiar sound which is heard in the depth of the ear at each intermittence of the inductive current. Of this I have previously given an instance in Case 249.

Without attaching an exaggerated value to the absence of the sound usually provoked in the depth of the ear by the electric excitation of the movements of the little bones, that new prognostic symptom appears to me to be far more serious than the absence of the lingual sensations produced by the Faradisation of the chord of the tympanum, because that sound is caused by the shaking and crackling of the membranes of the tympanum, and of the *fenestra ovalis*. If that sound be not perceived during the operation, the anatomical or

dynamic lesion of the acoustic nerve must be profound.

#### GENERAL SUMMARY.

It follows from the foregoing facts and considerations:—

1. That hysterical nervous deafness is generally curable by the electrical excitation of the chorda tympani, and of the movements of the chain of little bones.

2. That some nervous deafnesses, consecutive upon continuous eruptive fevers, etc., are curable by the same treatment, of however long duration they may be; and even though their resistance to other means of treatment may give them the appearance of being incurable.

3. That probably the therapeutic action of the process of Faradisation employed in these researches is owing principally to the undulations of the labyrinthine liquid, produced by the movement of the chain of bones, and consequently of the *fenestra ovalis*.

4. That the electrical exploration of the ear does not furnish any pathognomonic symptom which allows of our prognosticating the incurableness of the deafness.

3. *Of the curableness, and of the diagnosis of nervous deaf-muteness, by Faradisation of the chorda tympani, and of the motor muscles of the little bones.*

Following upon a note upon the value of Faradisation of the chorda tympani, and of the motor muscles of the little bones, as applied to the treatment of nervous deafness, which note I published in the *Bulletin de Thérapeutique*, t. 55, pp. 105 and 160, and have textually reproduced in the preceding article, I reported a case of half cure of congenital deaf-muteness, by the same process of Faradisation.

"This case," I said, "has been strictly and scientifically observed, and it presents the requisite guarantees of honesty and of authenticity. Moreover, time has already decided upon it; the child became only partially deaf, learns to speak, and gets his education through the medium of his hearing. Everything, then, concurs to make it my duty to publish the case. Nevertheless, in doing so, I shall quite probably provoke some jeers."

When I wrote those words they were prompted by my consciousness that I was about to reopen the question of the curableness or incurableness of congenital deaf-muteness, a question which appeared to have been already decided in nega-

\* Referring to this fact, M. Philippeaux makes the following reflections: "The known fact was not perfectly clear. In the first of the two cases cited by M. Duchenne, and in which electricity produced happy results, it is said that the patient distinctly perceived the characteristic symptom of the tongue. As M. Duchenne does not indicate, in his second case, whether the patient experienced that physiological phenomenon, it is impossible for us to draw from this latter case an interpretation favorable or unfavorable to the ideas we are now defending." I regret that I have not spoken clearly. I declare that if I had observed in my patient the physiological phenomena which are customarily produced by electrical excitation of the chord of the tympanum, I should have noticed it, as in the preceding case. However, the case is still present to my memory.

tion of the possibility of cure. At present that opinion is not modified among the majority of men who, on account of the specialty of their professional practice, appear to be the best authorities upon the subject. One of them, M. Menière, who cannot but be aware of the nature of the researches to which I have devoted myself, has quite recently put forth the negative judgment in the most formal and discouraging terms.\*

Scientifically, such language is not justifiable, even by the writings of him who makes use of it.

"Congenital deaf-muteness," wrote M. Menière, in 1848, in the *Gazette Médicale*, "sometimes depends upon faulty conformation of the ear; and in that case it is an arrest of development, an organic aberration. In many other dissections I have found no apparent lesion of the constituent portions of the ear, and we may suppose that the deafness depends upon an alteration of the nervous system."

The same opinion had been pronounced by Itard; and it is now confirmed by a great number of facts of pathological anatomy. A species of deaf-muteness exists, then, without appreciable material lesion. Consequently no one, however great his authority, has now a right to affirm that that species of deaf-muteness is incurable.

We ought, certainly, to brand quackery, and dispel the illusions of those who profess infallible curatives; but those who devote themselves to the holy and difficult mission of guarding the sanctuary of science and of truth, should not blindly close its gates against true progress. But that is what is done as to deaf-muteness by the declaring, in full Academy, that that disease is totally and forever incurable.

The medical press has unanimously and justly protested against an assertion so lightly put forth. I reply to its appeal, by now making known the results of certain researches that I have made upon this important humanitarian question.

Of seven deaf-mutes, who have been subjected to Faradisation of the chord of the tympanum, and of the motor muscles of the little bones, one is only half deaf, learns to speak, and is taught through the medium of the hearing. In two others that sense develops itself in a very remarkable manner; and, finally, the remaining four have not experienced any appreciable modi-

fication. Having to demonstrate here the therapeutic influence of the Faradisation of the chord of the tympanum upon nervous deaf-muteness, I shall speak only of the three first-mentioned cases.

*Case 8.—Complete congenital deaf-muteness; partial cure by Faradisation of the muscles of the little bones, and of the chord of the tympanum.*

—Raymond C., born at Aubunne, (Ardeche,) aged eight, of good constitution, and very intelligent, has been deaf-mute from birth; at least it has never been certainly perceived that he could hear. He is habitually in good health, although he is subject to sore throat, and has voluminous tonsils.

In 1852, M. Menière, surgeon-in-chief of the deaf-mutes, to whom this boy was presented by the family physician, submitted his written diagnosis in the following words: "The boy, whom you have presented to me, does not seem to me to have experienced any accident adequate to explaining the considerable deafness under which he labors.

"I am told that he has a little perception of certain sounds. My own trials with him do not confirm that opinion; which, however, I must not absolutely reject.

"The ears are sound, but both tonsils are large, especially above; they separate the pillars of the palate, and are so situated as to act upon the orifice of the tubes; but even were it demonstrated that they choke up the drums, that would not account for so considerable a degree of deafness. The child does not speak at all, because hitherto he has not heard. Now dumbness is never met with among children who have only a lesion of the middle ear. In my opinion there is something else, and although the child has never had convulsions, and appears strong in every respect, I am compelled to attribute this absence of a special sensibility to a lesion of the nervous system.

"For the present, therefore, I do not recommend any surgical treatment. The youth of the child would render catheterism useless; the removal of his tonsils would be difficult, they are so placed that even after a partial excision they would again develop themselves. I think that we should wait; the child is healthy and strong, and there is no danger in delay. He must be reared as though he could hear; accustom him to be exposed to sounds that are not sudden or explosive, and by-and-by we shall see."

In 1856 a friend of the child's family, Doctor Ollier, formerly house pupil of the hospitals, and at present chief surgeon of the Lyons Hospital, recommended this case to be submitted to my observation for the purpose of attempting the cure by localized Faradisation. On reaching Paris, young Raymond was again presented to M. Menière, who repeated the advice which he had given in 1852. It was then that I was con-

\* *De l'expérimentation en matière de Surdit-mutité. Mémoire lu à l'Académie de Médecine par M. Menière. (Gaz. Médicale de Paris, Décembre, 1850.)*

sulted as to the propriety of an electrical treatment. I immediately ascertained that the child heard neither the loudest cries nor the ringing of a powerful alarum placed near his pillow, nor the diapason when placed on the cranial wall. He only perceived explosive sounds. Believing at that time, on the authority of the most competent authors, in the incurableness of deaf-muteness, I disliked the idea of experimenting under such circumstances, and especially in private practice. However, my refusal would have caused the deepest regret to the child's parents, and as the operation would be harmless and painless, I yielded to their desire. I excited the muscles of the little bones and of the chord of the tympanum by my usual process. At first Raymond struggled and cried loudly; then, being astonished no doubt at feeling no pain, he speedily became quiet, laughed aloud, and willingly submitted to the succeeding operations. Although I entertained no hope, I nevertheless attentively watched the effects of each operation. And what was not my surprise when, at the fourth sitting, Raymond appeared to perceive, on the left, the sound of the diapason! That experiment, renewed in different ways, soon relieved me from all doubt. In fact, when the diapason in vibration was applied to the left wall of the skull, he manifested his astonishment by pointing with his finger to the left ear. At first I thought that the vibrations of the diapason had been transmitted by the solid wall of the skull on which it rested, and that perhaps the sensation of these vibrations had only been perceived by Raymond. But I very soon perceived that he really heard their sound, for the repetition of the experiment on the opposite side did not call forth the same manifestation. He seemed to listen attentively, and then he intimated by gestures to his mother, who was present at the operation, that he experienced nothing.

On the following day that happy result was confirmed by a fact of another order. An organ being played in the court-yard of the hotel in which he was staying, he ran to the window which opened upon that court, and testified the most lively emotion. After the seventh sitting, the mother having called to some one in a loud tone, young Raymond turned quickly toward her, and gave utterance to a sound in the same tone as the last consonant of the word which had been pronounced. A kind of maternal instinct suggesting to Madame C. that her child had heard her voice, she, in the same tone, and before the child

could see her lips, pronounced the vowel *a*, and he instantly repeated *a* with the same vivacity as before. She repeated the experiment with the other four vowels, which he also repeated, but with more or less difficulty. Raymond tried in vain to pronounce *e* and *i*. Nothing can describe the emotion of the mother as she thus made her child for the first time hear the human voice, to which she had been taught to believe that he was incurably deaf. And with what mingled joy and ardor she proceeded to give their first lesson to the newly born speech and hearing! On the following day Raymond could very well pronounce the five vowels. I should mention here that hitherto it had been vainly attempted to get him to articulate them, by showing him the motions of the lips, and that from the time that it was evident that he heard, his mother, on my recommendation, always placed herself behind him while giving him a lesson. It was necessary, however, to speak very close to his ear. It was not until toward the twelfth electrical operation that he heard on both sides, not only the diapason and the ringing of the alarum, but also the beating of the movement of the latter at a distance of some centimetres. His intelligence and his disposition then underwent a kind of transformation, very interesting to observe. In a few days, his mother had taught him to read and to pronounce the five vowels; he pronounced *papa*, *maman*, *bonbon*, and understood the meaning of these words. Formerly his temper had been violent; since he could hear he became more docile; he no longer gave utterance to the shrieks and cries by which he had been accustomed to manifest his slightest impressions, no doubt because now he could hear his own voice. After twenty sittings the treatment was suspended.

In April, 1857, Raymond was brought to me again. Let us see what had occurred during the suspension. Not only had the acquired result been preserved, but it appeared to his family that there had been a progressive improvement. Being sent to an infants' school, he heard the singing exercises, and endeavored to imitate their sounds. His education was proceeding; he knew and pronounced all the letters of the alphabet, he began to spell, he could ask for bread, drink, etc.; but an accident occurred which threatened to undo all. His nurse had the imprudence to let him handle a pistol, which she supposed to be unloaded, then, cocking it, she invited him to fire upon her, showing him at the same time the mo-



tions of presenting and firing. Raymond only too well learned that lesson; he fired, two balls entered the unfortunate woman's breast, and she fell dead on the spot. The recoil of the weapon also wounded the boy in the cheek. But far more serious than this trifling wound, was the fact that, the child having swooned, doubtless from the shock, it was found when he was restored to consciousness that he could not hear at all. However, after three or four days, the hearing returned to the same state in which it had been before the accident. Subsequently it had made no progress.

When I next saw Raymond, I was astonished at the changes which had taken place in him. His voice no longer had the guttural sound which we often observe in deaf-mutes from birth, but was natural; he turned to me when I called him from a distance, he heard a watch placed at two or three centimetres from his ear, etc. etc.

I subjected him to a new course of thirty sittings, to which he submitted without repugnance.

The improvement obtained in that period of treatment was so great that a governess from that time could proceed with his education by the means solely of the hearing. I advised her always to speak to him when they were so situated as to position that he could not see the motion of her lips.

*To be continued.*

### Toxicology.

By GERARD ARIKE, M.D.,  
Of Rochester, N. Y.

#### ARSENICUM ALBUM.

Arsenic is fabricated from ores containing arsenic, by sublimation.

The crystals are octahedral, transparent like porcelain, and on exposure to a damp atmosphere lose their lustre and become dim.

The powder is white, without smell, and the taste (if any dare to risk the tasting) like a pungent salt.

It is with difficulty soluble in cold water, but dissolves readily in boiling water. One part of arsenic dissolved in about eleven parts of boiling water makes a saturated solution, which is clear, and blue litmus-paper put into it becomes slightly red, on which also will soon appear crystals of an octahedral shape.

Alcohol dissolves it but slightly, while car-

bonate of potash dissolves it very easily. Thus is made "Fowler's Solution."

In a medico-legal view, arsenic intoxication may be considered in four aspects:—

1st. Criminal; where either self-murder or the murder of others is wrought.

2d. Technical; where either vapor or dust of arsenic is inhaled, as is apt to be the case with operatives in arsenic manufactories, copper-foundries, as well as among painters, cloth-dyers, etc.

3d. Medical; where a rash and imprudent use of Fowler's solution, both internally and externally, is practiced. It is as if some practitioners imagined themselves heroes by using heroica.

4th. In domestic economy, or where poisoning results from eating the meat, milk, or eggs of animals treated with arsenic. Some years ago, in Holland, when pleuro-pneumonia was very prevalent among cattle, arsenic was recommended to be given them, as being very efficacious in this disease, although it was never seen that the desired results ensued from its use. But one effect was certainly produced, the milk and meat of such cattle became so impregnated with arsenic as to be very unwholesome and dangerous for all who partook of them, so much so that the government entirely prohibited its further use.

We are indebted to the important investigations of Hertwig, (Ueber den Uebergang und das Verweilen des Arsens in den Thierkörpern. Berlin, 1847,) for information respecting the length of time during which arsenic can remain in the bodies of cattle, and how long after its use the poison may still be found in the milk of said animals.

Fly-paper, so called, and prepared for the destruction of house-flies, is a dangerous article for humans as well as for flies. This paper is made by soaking it in a strong solution of arsenic acid, after which it is dried, and sold for use as fly-poison. One paper usually contains as much arsenic as nine drachms Fowler's solution, or six grains of pure arsenic. The paper is moistened with a little water, and placed where the flies can obtain free access to it. Thus it will easily be seen that where flies abound in great quantities, as they pitch by thousands on the poison-paper, each fly will carry off some portion of the poison on its feet, and, alighting immediately afterward on food and estables of every description that may be around, the poison

may thus become distributed in such a manner that although not fatally dangerous, yet likely to produce sickness in those who partake of such food, which, through ignorance of the real cause, may be pronounced colic, or inflammation of the bowels, and the patient may be treated, as for such disease, when, in truth, there is no sickness present but arsenic poisoning.

It is known that farmers have been in the habit of using arsenic solution for steeping wheat and other grains in, previous to sowing, with a view to the prevention of the growth of cryptogamia or rust, (*uredo*;) Verver claiming that the arsenic had no effect upon the germ or young plant. Partridges, pheasants, and other birds eating these seeds became poisoned, and died in whole numbers, being found dead upon the fields; while other animals devouring the same were also poisoned. A partridge thus found dead was examined, and found to contain sufficient arsenic to poison a whole family. The eggs of a common hen, which had eaten similar food, were examined by Professor O. Mulder, of Groningen, and found to be strongly impregnated with arsenic—indeed, when the hen had been convalescent three weeks, the eggs still contained the poison. (*Vide Het Repertorium. Groningen, 4de Jarg. blad 4d.*)

One important lesson to be learned from this is, that the fœtus can be poisoned in utero, as well as the infant by the mother's milk. In various ways and by numerous agents can this early injury to human life be wrought. By the injudicious use of arsenic, mercury, and the like poisons, on the part of the mother, may result to her offspring tubercles of the mesentery and bronchia, toothache, and defect in the teeth, before even the young teeth can be seen. Nature never ordained that the cruel and harmful practice of cutting the gums should be resorted to in order to facilitate dentition; she beneficently designed that the young teeth should cut their own way through the tender gums, and to this end furnished each little tooth with sharp points that should pierce their way by degrees, and painlessly, till the white and shapely teeth should by their beauty and their usefulness be a charm and a satisfaction. Instead of this, how often does a young child's mouth look like a very charnel-house, black pieces of jagged bone visible only, in place of the clear white ivory, to say nothing of the life of misery entailed thereby upon the poor victim! Lancing the gums of infants is apt to prove

very injurious to the young teeth, independent of other sources of mischief.

*Symptomatology of Arsenic Poisoning.*—The time needed, after the taking of the poison, for the manifestation of the symptoms, depends very much upon the previous contents of the stomach; for instance, taken upon an empty stomach, or where there are substances present containing alkali, especially potash, the poison will work much more rapidly than when the stomach contains eggs, rice, barley, milk-porridge, sugar, honey, or anything mucilaginous. The symptoms commence with spasms, increasing in violence; pain in the stomach, burning sensation in the throat, thirst, hiccough, great agony, suffocation, ructus, sometimes vomiting blood, diarrhœa, with dolores colica, tenesmus, alvus cruenta, and death. The face is pale and cold, and the eyes are surrounded with blue circles. The extremities are cold, the pulse small and frequent. Frequently there are symptoms of the centra-nervæ; furthermore, general muscular prostration, fainting, tonic and clonic spasms, trembling, sopor, with symptoms of paralysis. This last, however, is more especially observable where the poison has been taken continuously in very small diluted quantities, or so-called narcotic-arsenic intoxication.

*Chemical Analysis.*—Heat changes arsenic into white vapor, and if it be heated with organic matter, the vapor produced will have the odor of garlic. When, however, the intoxication has been produced by sulphuret of arsenic, (realgar, auripigment,) this test cannot be relied upon. Good reagentia for the detection of arsenic are, nitras argenti ammoniacale, which being added to a solution containing arsenic, a yellow precipitate is formed; aqua hydrosulphurata, ( $S_2H_2$ , aqua solution;) add this to the suspected fluid or solution, and if it contain arsenic, an orange-colored precipitate will be produced, being sulphurate of arsenic, which is easily soluble in ammonia liquida.

The best method of obtaining metallic arsenic is simply to produce arsenic-hydrogen gas. Take the substances containing arsenic, make them warm in a glass vessel, first adding a little pure carbonic kali and aqua destillata, then filter, and mix with pure acidum hydrochloricum and pure zinc; after which arsenic-hydrogen gas will escape, which, being conducted through a long glass tube with a small opening at one end, held over an alcohol-lamp at various places till glow-

ing hot, so decomposes, that arsenic in the form of shining metallic rings appears in those parts of the tube between the heated spots, on application of the lamp to which they become displaced, and again settle on the cool spaces.

Another simple method founded upon the test of Marsh is as follows: Mix the suspected matter with pure acidum sulphuricum dilutum, and a piece of pure zinc, in a small glass bottle; let it be accurately closed with a stopper, connected with a tube tapering off toward the end, and terminating with a very small hole, like the oiler of a sewing-machine. The new-developed gas escaping through the tube will, if it be arsenic-hydrogen gas, ignite upon the application to it of a lighted match, and burn with a small, dark-blue flame. If, moreover, this gas-flame be brought in connection with a cold porcelain plate or piece of window-glass, there will be produced on the surface metallic arsenic.

To satisfy ourselves that the product is indeed arsenic and not antimony, which produces almost the same results, it should be tested with tincture of iodine, which dissolves the arsenic, making yellow ioduret arsenici, whereas antimony remains unchanged.

The method of Reinsch is also very easy of performance. The suspected substances are dissolved in pure acidum muriaticum dilutum, and boiled, first adding a piece of clean, shining copper, which, if arsenic be present, soon becomes covered with a green-colored arsenic coating.

*Treatment.*—When arsenic in dangerous quantities has been used, the first thing to be done is to administer an emetic; and the best means of procuring speedy and effective vomiting is to give pulvis ipecacuanha, one scruple every five minutes. Should this not produce the desired effect soon enough, then add one grain of tart. emeticus, at the same time drinking plenty of saccharine, albuminous, and mucilaginous liquids. But usually it happens that suitable emetics and antidotes are not readily or speedily obtainable, so we have learned to "fly with the wings we have," using the best substitutes, and such as are to be found in almost every household. For instance, let the arsenic-poisoned subject drink freely of cold sugar-water; force him to vomit by tickling the root of the tongue with the finger or a feather; give cold milk, eggs beaten in water, ice-cream, honey and water, gum-arabic and water, gum-tragacanth and water, decoction of linseed, calcined magnesia and water; and let everything taken be cold.

The best antidote is hydras biferrius,  $F_2O_3 + 3H_2O$ , (*Pharm. Neerlandica*), which is to be given, one or one and a half drachms every five or ten minutes. The preparation can be made, when needed in haste, very quickly in the following manner: Dissolve four ounces pure sulphas ferri in ten ounces of rain-water; add to the solution three and a half drachms of pure acidum sulphuricum. Boil it, and add nine drachms of pure acidum nitricum; boil it again so long that the liquid becomes of a brown color; then filter, and when cold, add, stirring during the time, a few drachms of ammonia liquida, until it forms a precipitate, which precipitate ought to be washed thoroughly in distilled water; for if it contains the smallest quantity of *alkali*, as an antidote for arsenic it is entirely worthless. If, however, the above preparation cannot be procured, carbonas ferri, mixed with water, may be used instead.

Further, it is necessary to add to the foregoing treatment the use of clysmata; for which the same iron preparations, the same mucilaginous, albuminous liquids, etc., are necessary. Furthermore, a cathartic is required; for which purpose, the best is pure sulphas sodæ, two drachms, dissolved in water, and given every two hours, till the bowels operate.

Contraindicantia are all substances containing alkalies, alcoholica, and all warm drinks.

To eliminate arsenic that has been absorbed into the blood by means of the secretum, (bile and urine,) chlor. ammonium,  $N_2H_5Cl$ , is recommended, in the following formula:  $\mathcal{R}$ .—Chloreti ammoniaci depurati, drachmam unam; aqua naphæ, uncias sex; syrapi rubi idæi, unciam unam. Solve. S. Cochlear quater per diem.

*To be continued.*

*Degeneration of Londoners.*—Dr. Waller Lewis, Medical Officer of the London Post-office, finds that the candidates for employment have, on the whole, a very degenerate physique. The average girth of chest of 367 candidates in 1861, for the situation of letter-carrier, messenger, porter, or laborer, was only thirty-one and a half inches; the lowest girth for the army is thirty-three. In a considerable number the expansion of the chest on inspiration was only one inch. The average strength was 289 lbs.; the strongest raised 450 lbs. The candidates varied in age from 17 to 37; the average height was 5 feet 6½ inches, and the average weight 9 stone 6 lbs.—*Med. Times.*



## PERISCOPE.

## Weekly Summary of American Medical Journalism.

By O. C. GIBBS, M.D.

## ANÆSTHETICS IN MIDWIFERY.

The subject of anæsthetics in midwifery we have given a tolerable airing of late; but the subject is of sufficient interest to justify another reference to it. Before the *New York Academy of Medicine*, Prof. B. Fordyce Barker read a paper upon the use of anæsthetics in midwifery. We gave a summary of that paper in the *REPORTER* for May 3d. A protracted discussion was had upon the subject, which escaped our attention at the time of reading the original paper.

In our last issue, we gave a part of that discussion, and on the present occasion we propose to sum up the balance. We confess we have never seen an abler paper, or a more interesting discussion upon this subject anywhere. Had we been more observing, we should have given a summary of Prof. Barker's paper, and of the following discussion, in one issue of the *REPORTER*; as it is, our readers will derive advantage from referring to the number of the *REPORTER* referred to above.

"Dr. Worster was willing to indorse all the sentiments of Dr. Barker, save those which had reference to the increased danger of rupture of the perineum when anæsthetics were used. He had used chloroform in 95 per cent. of all his obstetric cases, and had never met with one case but that would tend to prove the opposite opinion. He thought that the dilatibility of the perineum was, under such circumstances, fully equal to the dilatibility of the os uteri. As regards any danger to life, he had not met with the first case in his practice since the introduction of the anæsthetic."

Dr. P. Van Buren said of chloroform:—

"I have had occasion to use it in several cases of difficult operations, in which a vast amount of suffering was prevented. I have not seen the first case where the least possible injury has been done to the mother or child. In regard to the quality of the article, as to its injurious effects when used, I believe it can be pretty well established that the purer the chloroform, the safer the administration. It is probable that no living person has given it oftener than Prof. Simpson, of Edinburgh, and only one death is recorded where Duncan and Flockart's chloroform was used."

"Dr. Geo. T. Elliot remarked that he had had no experience with any other anæsthetic agent than chloroform, and hence he considered it unnecessary to state that he agreed with Dr. Barker in considering it the preferable agent to ether. He never attended any case of labor without having chloroform in the room, without being willing to offer its advantages, if there was no objection on the part of the patient or the patient's friends, or no physical contra-indication to its use. He could conscientiously say, as the result of no limited means of observation, that he had seen nothing whatever that would cause him to depart from the use of chloroform in accordance with the light of such experience. He had himself taken chloroform thirty or forty times since 1848; had given it to his wife, and to his nearest and dearest relatives and friends, and at all ages, from the tender child of *thirteen days old* up to an advanced period of life. He therefore believed that he was to be ranked among those whose experience had warranted them in assuming that chloroform was a most valuable agent in midwifery, of the greatest value in obstetric operations, that it was not likely to exert injurious effects upon the mother or child when properly administered, and that its use was perfectly justifiable for purposes of relieving pain. He was in the habit of administering the anæsthetic upon handkerchiefs, frequently changed, so that no one would be used long enough to be saturated with the vapor of the breath. By following this practice, he was confident that he prevented a great deal of suffering from headache, sickness, nausea, and vomiting, which is so apt to occur afterward."

In cases where disease of the heart was present, Dr. Elliot preferred ether to chloroform. He did not so much fear chloroform in valvular lesion as in fatty degeneration.

"The question, referring to the use of the anæsthetic after loss of blood, he thought was a very serious one to consider, and was prepared to say that he would never employ it in such cases, unless he felt sure that the amount of hemorrhage was not sufficient to produce any danger of syncope. It was *syncope*, after all, that he dreaded."

"In reference to lacerations of the perineum, he did not think that chloroform increased the risk of such an accident; but, on the contrary, tended to prevent it. As for the effects of chloroform on spasmodic rigidity, he concurred heartily and entirely with the views expressed in Dr. Barker's paper; but in rigidity from other causes, he resorted to measures which he considered much more efficacious; for instance, the warm douche, sponge-tent, etc." \* \* \* "He believed chloroform to be the most precious agent that could be employed in puerperal convulsions. He could find nothing in his record to cause him to regret having given chloroform in forceps operations, version, or craniotomy."

"Dr. A. K. Gardner remarked that he thought rupture of the perineum occurred far less frequently with chloroform than without it. The effect of chloroform was the same in the analogous cases of *rigid os*. There was nothing more certain than the immediate and marvelous effects of this agent in overcoming the spasmodic contractions of the *os uteri*, which delayed the labor and exhausted the patient in the early stages. He had often completed a labor in half an hour, which threatened without it to endure for hours. If time was the object to be gained, his method would be to give the anæsthetic until its effect was produced, ordinarily not requiring full anæsthesia; then passing his finger within the *os*, it might be stretched out, like soft gutta-percha; then 'letting up' the chloroform, so as to restore the use of the voluntary muscles, the labor was very rapidly completed in primiparæ, and almost instantaneously in multiparæ, as the rigidity of the *os* did not return, and it had been expanded sufficiently to allow the head to impinge upon it." \* \* \* "He had never seen an instance of *post-partum hemorrhage* where chloroform had been used; the reason for which he supposed to be, that all irregular and spasmodic actions of the uterus, such as those causing 'hour-glass' and other imperfect and unnatural contractions, were thus controlled by quieting the irritation of the spine, upon which such actions are frequently found to depend." \* \* \* "He had seen no disease, save acute inflammation of the lungs, in which he thought it improper to resort to the anæsthetic. He had used it in epilepsy, in fatty degeneration of the heart, in diseases of the valves of the heart, and even in the last stages of phthisis, without any bad results. He had supposed, in all these cases, that there was less danger from the chloroform to the diseased organs than from the straining efforts. In all his cases where chloroform had been taken, none of the muscular soreness usually following labor, and lasting for several days, ever appeared; and the patients, the next day, were much better than ordinary, and got up much easier and sooner."

We have now, though in separate installments, given a tolerably just synopsis of the opinions of some of the first New York obstetricians upon the use of anæsthetics in midwifery. We regard the subject as one of vast importance, and not sufficiently appreciated, thought of, or acted upon, especially among country practitioners. In puerperal convulsions especially, we regard it as one of the most important remedies. Its use in such cases, instead of the copious venesections so much in vogue formerly, and even now frequently resorted to, we regard as one of the greatest therapeutic improvements of the present century. Chloroform, in the lying-in room, has other and equally important uses. He that can look upon the agonies, and listen to the groans

and shrieks incident to a tedious labor, caused by undue rigidity of the *os uteri* or other soft parts, or undue irritability of the same, with the means at his command to greatly shorten the duration of labor, and to almost annul the agony, with comparatively no risk to the suffering patient or her child, and neglects to use such means, not only neglects his duty, but is guilty of flagrant inhumanity; his sensibilities and sympathies should be sharpened by being compelled, through the power of a miracle, to suffer and endure the agony incident to such a labor, with no hand to relieve or heart to sympathize.

We propose to briefly refer to some of the most recent views upon the subject under consideration from the highest of foreign authorities.

Dr. Braithwaite, in the January number (1862) of *Braithwaite's Retrospect*, has the following:—

"The greatest bore, to both patient and medical attendant, in a case of labor is the long time taken up in the dilatation of a rigid *os uteri* in a first labor. He would be a benefactor, to both women and doctors, who discovered a safe method of shortening the process. Some time ago, we pointed out that chloroform had an excellent effect in accomplishing this object, and we continue to think very highly of it, as directed to be used by us in a former volume."

The same able authority, in the same number of the *Retrospect*, has the following:—

"If we look over the older treatises on puerperal convulsions, we are struck with the improvement in the modern treatment of these formidable attacks. Formerly, the patient was bled to a fearful extent, sometimes to the amount of sixty ounces. The same effect on the system is now rapidly accomplished by the simple exhibition of chloroform." \* \* \*

"Sometimes a dreadful case of puerperal convulsions will occur when the *os uteri* is rigid and not dilated; you will then be tempted to bleed largely, as was Dr. Robert Harper, of Holbeach; but we would suggest that the chloroform be tried first, as it will often not only check the convulsions, but soften and relax the *os uteri* so as to enable us to turn the child. We may, in fact, use the chloroform whenever the convulsions come on, whether before, during, or after the labor, with great success." \* \* \*

"It has been doubted whether chloroform be a safe remedy in the *apoplectic* kind of puerperal convulsions, when coma with stertorous breathing are present, and some even recommend that bleeding should precede its use. From this opinion we differ, and consider that we may use the chloroform in such cases with *even more safety and success* than in cases when, from any cause, the patient has been exhausted. Chloro-

form, in fact, is always safer when there is plenty of power in the system, than when there is little; it is a powerful sedative, and we think it much safer and more efficacious to be used without, and instead of bleeding, than with it."

In the *British Med. Journal* for April 13, 1861, Dr. F. Page reports a very severe case of epileptic puerperal convulsions promptly relieved with chloroform. In the *London Lancet* for May 4th, 1861, Dr. D. F. Wilson reports a similar case, with like results.

Dr. R. T. Tracy, physician to the Melbourne Lying-in Hospital, in the *Australian Med. Journal* for July, 1858, has the following:—

"I would advise the administration of chloroform in all ordinary cases of puerperal convulsions."

Dr. F. W. Pettigrew read a paper before the *Western Med. and Surg. Society*, London, upon chloroform in obstetric practice. In protracted labor he had found it of much value.

"Although the pains for the first ten minutes appeared arrested, they afterward returned, more strongly, and with greater regularity; the rigidity relaxed; a more copious secretion of mucus occurred; the patient's countenance became less anxious; the pulse, at first quickened, became stronger; and the child was born in a very short time."

#### NITRIC ACID IN HOOPING-COUGH.

The majority of the community supposes that whooping-cough is a disease for which but little or nothing can be done—that it must have a certain course, of several weeks' duration, that nothing can shorten or mitigate in severity. Many physicians seem to act upon the same idea, and do but little for such patients, and that little has no reference to an arrest of the troublesome disease. Whooping-cough is not so harmless a disease as many would regard it—the mortality it occasions is certainly by no means small; Dr. West says it ranks fourth among the causes of death under five years of age—inflammation of the lungs, convulsions, and hydrocephalus being the only more fatal ailments. Dr. Condie makes it also fourth in mortality under five years of age—bronchitis, croup, and pneumonia being more fatal.

Our experience justifies us in saying that we know that whooping-cough responds to appropriate treatment, with perhaps as much certainty as any other epidemic of equal severity. Certain are we that many lives might be saved, that are

now annually lost, if patients were subject to professional attention and judicious treatment, as in measles or scarlet fever.

In the *Boston Med. and Surg. Journal* for February 13th, Dr. H. Holmes has an article upon pertussis and its treatment, in which he speaks highly of nitric acid. The following is his formula:—

R.—Acidi nitrici dilut., ℥ssij;  
Tr. cardamom. comp., ℥ssij;  
Syr. sympl., ℥ssijss;  
Aq. pure, ℥j.—M.

To a child four years of age, he would give a teaspoonful of this mixture every two hours. When convalescence is well commenced, two teaspoonfuls may be given three times a day.

This is by no means new treatment for whooping-cough; we, however, call attention to the subject because we believe it is too much neglected, and because we think the formula given is a very convenient mode of administration. So far as we know, Dr. Gibb, of London, was the first to advocate this method of treatment, which he did in the *London Lancet* for August 12th, 1854. We are not sure he was the first to use it, for he acknowledges that his friend, Dr. Arnoldi, had, at that time, treated more than one hundred cases of pertussis, with this medicine, with the most pleasing results.

Dr. McNally, of Tennessee, speaks highly of the remedy under consideration in whooping-cough. In the *Charleston Med. Journal and Review* for January, 1857, Dr. Charles Witsell has an article upon the same subject. He administered it sweetened, and diluted so as to resemble lemonade: of this the nurse was directed to give the patients as much as they could drink. This we regard as rather an indefinite direction, and yet he claimed remarkable results.

Others have used the remedy with similar results in the disease under consideration.

Before leaving the subject, we may observe that, for several years past, we have been in the habit of treating whooping-cough with belladonna, and we have been quite satisfied with the results. In this disease, children will bear an unusually large dose of the remedy, especially if commenced in moderate doses and gradually increased. Our habit has been to commence with a medium dose, the age of the patient considered, and then to gradually increase until the specific effects of the remedy were observable. So soon as the specific effects of the remedy were obtained, the



disease would at once yield, and remain in abeyance, even to a perfect cure, under diminished doses of the belladonna. Occasionally, effects are produced that, in some measure, alarm the friends. The nitric acid may be a more agreeable medicine—certain are we that we shall give it a trial on the first suitable occasion. The comparative merits of the two remedies shall be tested.

It may not be improper to observe that a few physicians speak very highly of a strong syrup of *coffee* in this disease, and others of a syrup or strong decoction of *clover hay*. Others recommend a free use of *rennet whey*.

With some one, or a combination of the above remedies, we are confident that whooping-cough need not continue through several months, but may be cut short and virtually ended in two weeks. In our experience, ten days, under belladonna, usually ends the disease, so far as all danger and inconvenience are concerned. We are sure that many lives may be saved, if physicians will but do their duty in this disease, as in others of similar severity and fatality.

Should our readers be induced to try either of the remedies just mentioned, we hope they will report results—favorable or unfavorable. We are confident the disease will be conquered. It seems to us that belladonna, assafoetida, and some tonic, as quinine, iron, or one of the mineral acids, promise most.

#### DIPHTHERIA.

Dr. Cyrus Powers, writing from Fort Pickens to the *Boston Med. and Surg. Journal*, makes the following remark in regard to the treatment of diphtheria. We quote from the *Journal* for February sixth.

"In Camp Cayuga, in Auburn, New York, we had a good deal of diphtheria, and when I joined the regiment, in November, I found that my associate, Dr. Benedict, the surgeon of the regiment, had employed what was to me a peculiar mode of treatment for the last two years, with great success, *losing none* out of more than a hundred cases since he had followed this practice, though he had lost several before he adopted it. On the first appearance of the unmistakable exudation or as soon thereafter as the case is seen, a thorough emetic of sulphate of zinc is administered. I watched the subsequent cases with much interest, and found that uniformly, in a few hours after the vitriolic emesis, the morbid growth began to disappear, and convalescence rapidly succeeded. Little after-treatment seemed to be needed, though in the worst cases we sometimes gave chlorate of potash and quinine."

#### APPLICATION OF ELECTRICITY TO THE STIMULATION OF THE SECRETION OF MILK.

M. Farnier relates a case in which an infant had suffered much from the incompetence of its nurse, who had ceased to suckle for two months previously to undertaking the care of the infant, and whose breasts, apparently, were quite flaccid and empty. By means of the apparatus of Gaiffe, a series of weak intermittent currents of electricity were sent through each breast. After four *stances* of a few minutes each, a very considerable swelling of the breast was produced, together with a sensation of tickling, and, on pressure, a quantity of milk escaped, which seemed to be of the proper thickness. The infant was now applied to the breast, which it took perfectly, and has continued ever since to thrive on the supply of milk which it obtains from its nurse.—*Gaz. des Hôpitaux*, 15 Mai.

#### TREATMENT OF NOCTURNAL INCONTINENCE OF URINE.

Dr. Clemens, of Frankford-on-Maine, remarks that the urine of persons suffering from this complaint always contains a very much larger quantity of uric acid than is normal—a circumstance which is difficult to account for. The remedy which has proved by far the most successful in the hands of Dr. Clemens, is the liq. ferri muriatic oxydat; of this he administers one drop every morning, and two drops every afternoon, in a glass of water, and in a few days a cure always results. Even very old and obstinate cases yielded after an eight day's continuance of this plan of treatment.—*Deutsche Klinik*, April 5.

#### SUDDEN AND INCURABLE AMAUROSIS CAUSED BY HEMORRHAGE FROM AN ULCER OF THE STOMACH.

A stoker, aged forty-two, who had previously enjoyed good health, and who came of a healthy family, in January, 1857, began to suffer pains in the stomach, and after this had continued for four weeks, attacks of hæmatemesis took place, accompanied by a constant feeling of nausea and general weakness: the diagnosis of ulcer of the stomach was considered to be established. On April 12th, the weakness having increased, oedema of the face presented itself, accompanied by a temporary enfeeblement of the power of sight, without any apparent morbid change in the structure of the eyes. After a considerable hemorrhage from the bowels some relief of the symptoms took place, and the power of the left eye seemed to be recovering itself; but at nine o'clock on the morning of the 18th of April, sudden and complete amaurosis of both eyes took place: the pupils were moderately dilated and quite insensible to light. Ophthalmoscopic investigation gave only a negative result; the iris and the transparent media were healthy, the pupils insensible to light and hardly at all affected by atropine; the optic papillæ were seen

with a clear, sharp margin, etc. The affection of the stomach was cured by the end of August, but no treatment produced any permanent benefit to the eyes; and, finally, the patient was discharged quite blind. Herr Fikentcher remarks, that cases are not infrequent of amaurosis produced by hemorrhages of various kinds; but these ordinarily recover simultaneously with the repair of the general health and strength; and he considers that in this case there was an intimate connection between the amaurosis and the particular affection of the stomach; and he notices that this is the third case in which hæmatemesis has been followed by an incurable amaurosis.—*Archiv für Ophthal.*

ON THE VALUE OF "JERKING" RESPIRATION AS A SIGN OF THE COMMENCEMENT OF PULMONARY TUBERCLE.

M. Roger, in a report upon a paper by M. Colin, presented to the Société Médicale des Hôpitaux, arrives at the following conclusions:—

1. When this alteration of the rhythm of respiration is momentary and not permanent, it may be a part of the physiological state in adults, and especially in children who do not know how to breathe.

2. It is equally temporary in *neuroses*, and especially in the convulsive affections of respiration.

3. When it is permanent, jerking respiration indicates, usually, an obstacle to the entrance of air into the lungs and to the complete expansion of the chest; it may then be attributed to the presence of tubercles in the pulmonary parenchyma, with or without pleural adhesions.

4. Considered as a physiological state, jerking respiration is a very rare phenomenon; it is also rare comparatively with other stethoscopic phenomena.

5. In cases where it exists, (and the number of them is very limited,) it may be regarded as a sign of pulmonary phthisis; but it does not show itself more frequently in the very early, than in a more advanced stage of the tubercular affection, and thus it must not be considered to indicate the commencement of the malady; and at other periods it characterizes tubercularization not more surely, nor indeed so surely, as other physical signs or general symptoms.

6. The symptomatic value of jerking respiration is but moderate in adults, and almost nil in children.—*Bulletin de la Société Méd. des Hôpitaux.*

*The Gorilla in Liverpool.*—Several specimens of gorillas, one of which, it would appear, is the largest which has, as yet, been seen in this country, have arrived in Liverpool. The femur of the largest is 16½ inches in length, being 2 inches longer than the femur of the largest skeleton in the British Museum, and very much larger than M. Du Chaillu's. The animal, when alive, must have measured 6 feet in height.

REVIEWS AND BOOK NOTICES.

*A Practical Guide to the Study of the Diseases of the Eye; their Medical and Surgical Treatment.* By HENRY W. WILLIAMS, M.D., etc. 8vo., pp. 317. Ticknor & Fields, Boston. Philadelphia: J. B. Lippincott & Co. and Lindsay & Blackiston. 1862.

Continued from page 250.

Chapter IX.—"Affections of the Iris." The author recognizes but two kinds of inflammation of the iris in the "Rheumatic and the Syphilitic," considering the iris but only slightly susceptible of becoming inflamed from injury. All principal authors who have written upon the diseases of the eye state that traumatic iritis was the first described, and frequently follows any severe operation or injury of the eye; and here we may state that in its treatment mercury is not of much service, though we believe it a most invaluable remedy in other forms of inflammation of the iris. There is also a third variety, namely, scrofulous.

The treatment of "rheumatic iritis" by Dr. Williams is "atropia and opium; the former to enlarge the pupil, the latter to control the pain attending the disease." These are not new remedies for this disease, nor is he the first to publish them; but they are considered by him as essential in the management of this affection. "It follows," he observes, "that I attach little value to mercury in the treatment," and the following are his arguments:—

"From the time when iritis was described by Schmidt, of Vienna, as a distinct disease, the precept has been strongly inculcated that mercury must be given in the early stages, otherwise the golden opportunity for bringing the patient under its influence would be lost, and success could scarcely be hoped for. The authorities having thus insisted on the importance of an early resort to this remedy, each practitioner has been afraid to take the responsibility of deviating, in the treatment of so grave an affection, from the course declared to be the only path of safety. Thus, very few opportunities occurred for observing the natural course of the disease, as the milder cases, which did not require treatment by medical men, recovered, and never presented themselves to their notice, while the severer cases, in which the pupil having been left to itself, occlusion had resulted, and vision was destroyed, were brought forward as examples of the ravages of the affection when influenced by mercury. But the authorities also advised the free local use of belladonna at the same time that mercury was administered internally. Whenever, therefore, a patient who had been thus treated, *secundum artem*, fully recovered, the credit was given, not where as I believe it belonged—to the belladonna or stramonium, under the influence of which the pupil had been kept widely expanded—but to the mercury, which had been canonically given, even to the extent of producing ptyalism.

When the result was less happy, it was ascribed, not to the neglect or the too tardy use of belladonna, (which was too often the case,) but to the supposed fact that mercury was not given as soon or as freely as it should have been, or to a want of susceptibility to its influence on the part of the patient. The remark often made, that the symptoms did not begin to yield until the gums were touched, proves nothing under these circumstances; as after a certain period they would equally have given way, had the supposed specific been withheld. The want of any absolute specific power has been admitted of late years, in the attempts to provide substitutes, as turpentine, etc., in cases where mercury seemed inefficacious or evidently disagreed. Observation of many cases which came under my notice, where the patient had been treated with mercury to the fullest extent, but nothing had been done to dilate the pupil, and where the result was most disastrous, and reflection on the mode of action of the constitutional and local remedies, induced me to vary from the treatment I had previously pursued, according to the approved method in certain cases which came under my care, when the patients were in such a condition as contraindicated the use of mercury, unless as an imperative necessity. These were treated by anodynes and tonics, and the pupil kept fully under the influence of belladonna, and they terminated far more favorably than the severity of the attack and the state of the patient had allowed me to expect. Encouraged by excellent results in these cases, I was led to try a similar plan in other instances, and I am confident that I never saw better results ensue, in the hands of others or myself, from the old method. If it be in our power, then, to spare the patient the infliction of the grave inconveniences and protracted convalescence often occasioned by the free use of mercury, and to relieve him as well and as quickly by other remedies, we may gladly accept the alternative.

"A few words as to the anatomical reasons which give so much importance to the action of belladonna and its kindred remedies. Referring to the construction and relations of the parts, we observe that the lens is largely convex, and the iris suspended—a plane surface—a short distance in front of it. In a normal condition of the eye, the edge of the iris, when the pupil is contracted, probably touches and glides over the convex surface of the crystalline. Much more close must be the contact, when the pupil is strongly contracted by photophobia, and the iris turgid and thickened from inflammation. If, in these conditions, plastic lymph is effused, the formation of adhesions, and even of a deposit, covering the whole field of the diminished pupil, is a most probable occurrence. But if we can effect even moderate enlargement of the pupil, the relations of the parts are greatly modified. The edge of the pupil is now at some distance from the retreating convex surface of the lens, and their cohesion has become impossible so long as these relative positions are maintained."—pp. 129-130.

The author gives no statistics of the number of cases treated, or the opinions of any of his own *confreres* of the City of Boston, which we know has a model and most interesting eye hospital, containing a number of distinguished ophthalmologists. We cannot controvert his arguments in favor of atropia or opium; but we should feel ourselves very culpable if, in a case of rheumatic iritis, we should neglect to employ mercury, unless the case was only scleritis, slightly involving the iris in its progress. As to depending entirely upon atropia to keep the pupil dilated, we have found it at times to fail; more especially if the pain was very intense, and inflammation of a high grade, requiring large doses of opium or morphia, since it is now a well-recognized fact that opium counteracts the effects of atropia. There are also good authorities who have no confidence in atropia in iritis, considering that an inflamed iris loses its power of motion.

"Invaluable, indispensable as atropia is in our examination of many morbid states of the eye," says Mr. Dixon,\* "I do not regard it as of any service in iritis; for, as I stated at the commencement of this section, an inflamed iris loses its power of motion. Atropia, therefore, must be *useless* during the active stage of inflammation. At a later period, when the iris is beginning to recover its motory function, it may, I think, do harm; and in the following way: The hinder surface of the iris, termed the 'uvea,' is covered with a layer of pigment cells. When fibrin is poured out behind the iris, (which no doubt happens in all cases of acute inflammation,) these pigment cells become, for a time, firmly united to the capsule of the lens; and if, when the iris is regaining its motory function, a forced dilatation of the pupil be effected by the influence of atropia, some of the pigment may be detached from the posterior surface of the iris, and left adhering to the capsule, forming those brown patches so familiar to us in patients who have suffered from iritis. Only get rid of the fibrin which is glueing the pigment cells to the capsule of the lens, and the iris is at once effectually liberated."

"People sometimes talk and write as if occlusion of the pupil in iritis were the result of spasm of some sphincter muscle, the contractions of which could be paralyzed by atropia, and the pupil thus kept permanently dilated. But the real cause of the closure is totally different from this. Fibrin is poured out from the surface of the iris and edge of the pupil, upon the front part of the capsule of the lens; overspreading the latter where it corresponds to the area of the pupil. Now, if this effusion is not quickly removed by absorption, it becomes organized, and forms a membrane stretching across and blocking up the pupillary opening. Gradually this membrane contracts, and, in doing so, draws together the

\* Guide to the Practical Study of Diseases of the Eye. Churchill, Lond. 1859.—pp. 139, 140.



edges of the pupil, until that aperture is reduced, in some cases, to the size of a pin hole." p. 140.

Our author treats "syphilitic iritis" in the same manner as he would the rheumatic form, with this exception, that "where interstitial corneitis exists as a complication, the use of mercurials may be admissible."—p. 139.

On the use of mercury, we shall quote from one of the most recent writers,\* one whose opportunities for seeing and treating "iritis," are not surpassed anywhere in Europe, i.e. in the Royal London Ophthalmic Hospital.

"If the sclerotic and cornea alone suffer, active purging, bleeding from the temples by leeches, and abstinence from stimulating drinks of every kind, with moderate diet, are the means to be first adopted. When the more active symptoms have been subdued, there often remains a chronic affection of the sclerotic, attended with dull, aching pain in the eyeball, the temple, and all over the scalp, which is especially felt at night; and the morbid sensibility to light continues until this chronic inflammation of the sclerotic is extinct. In these cases, quinine or bark twice or thrice a day, with a dose of hyoscyamus at bedtime, usually completes the cure.

"The morbid opacity of the cornea is, as regards vision, a still more serious sequela of rheumatic disease than the chronic inflammation of the sclerotic; and if of long standing, is very difficult to remove. If, while the opacity is yet recent, a blister be applied to the temple, and a discharge be kept up with savine cerate, the opaque deposit may disappear.

"Local applications, in the form of washes or drops, are of little or no service in rheumatic inflammation. Warm water is, I think, the best thing that can be used, and poppy-heads may be boiled down to give it a pharmaceutical character, which will induce many patients to use it who would think warm water alone quite ineffectual. I have never used *vinum opii*, which some writers recommend; for really the quantity of opium contained in a drop or two of the wine is so minute, that I cannot conceive its momentary application to the surface of the conjunctiva can produce any effect whatever.

"In what manner mercury acts upon the system, I will not venture to decide; but it so obviously controls that peculiar tendency to the formation of fibrin in the blood, and its effusions from the capillaries which accompany the inflammatory process, that whenever this tendency is manifested in the iris, mercury should be given, whether the inflammation be of syphilitic origin or not."—pp. 134, 135. In the syphilitic form his treatment is as follows, it being the course generally adopted in this city and London.

"It is on mercury that we place our chief reliance for controlling this morbid tendency. The mode of administering this remedy will, of course, vary with the intensity of the disease,

the age of the patient, and his general condition. Two grains of calomel every eight hours, with the addition of one-third of a grain of opium, is the form we generally employ in the more active cases, having first thoroughly cleared the bowels, if costive, with an aperient. The success of this treatment depends on its being begun at an early stage of the disease. The fibrin then exists as a mere unorganized secretion, and, even if very abundant, rapidly undergoes absorption; but when it has become consolidated and traversed with blood-vessels, it yields much more slowly to medical treatment, and the pupil always remains more or less obstructed with adhesive bands, and patches of pigment deposited from the uvea.

"In private practice, where our patients remain at home, and are not exposed to the weather, as too many of our public patients are, we may give mercury more frequently—one grain every four hours—until the mouth becomes tender, or rather until the appearance of the eye assures us that fibrinous effusion has ceased; for mere soreness of the mouth must not be relied upon as a guide in administering mercury. Some persons' mouths cannot be made sore by any amount of the medicine, while others are salivated with a few grains of it.

"Salivation should be carefully avoided: the gums never being made tender except in the slightest degree; indeed, the best cures of iritis are effected when even that point is not reached."—pp. 138, 139.

Our author concludes this chapter with half a page on the subject of "Congenital Syphilitic Iritis." In the treatment of this form he resorts to "the administration of hydrarg. cum creta, with tonics," p. 139, "with the most happy effects." Why he should resort in one case to mercury with the most happy effect, and ignore it in another, unless in a complication, would seem to us a little remarkable, if not contradictory.

Chapter X. is taken up with the "Affections of the Crystalline Lens," to which thirty-nine pages are devoted, wherein is given a full and interesting account of "Cataract;" and, indeed, we consider it the best portion of his work, although there is but little original, yet it contains much that is necessary for the information of the practicing physician.

Chapter XI., of one and a half pages, is devoted to "Affections of the Vitreous Humor;" but few words are spoken of the diagnosis of these disorders by the use of the ophthalmoscope, which is the only mode of arriving at a definite conclusion.

Chapter XII. is devoted to the "Operations for Artificial Pupil," in which he gives the details of the three principal methods of the operation.

In Chapter XIII. he enters upon a variety of "Affections of the Entire Globe," including "Glaucoma," "Hydrophthalmia," "Cancer," "Ophthalmitis," "Sympathetic Ophthalmia," and the "Operation for Removing the Eyeball."

It would seem that he has not had much personal experience in regard to the controversial operation of Von Grafe, of Vienna, for the cure

\* Treatise on Diseases of the Eye, by James Dixon. Lond. 1850.

of glaucoma; we therefore feel justified in again quoting from W. Haynes Walton for the benefit of our readers, who may not have his valuable work.

He states that he has had frequent proof that the operation has been recklessly applied to cases in which it was wholly inapplicable, and that he has seen it applied where there was no glaucoma, and that when done in anticipation of the disease, it was to the injury of the patients; that he had saved many from being subjected to it, in whom there was merely defective sight from haziness of the vitreous humor, or whose eyes were affected only with slight sclerotic inflammation.

"A gentleman, who had been subjected to iridectomy in one eye," says he, "applied to me. Both eyes, it appeared to me, had been the subject of some disease that produced mistiness of vision, but he would allow only one to be operated upon. The disease disappeared, and the eye that was untouched quite recovered. The other, as far as I could tell from my examination, was defective only to the extent occasioned by the loss of the iris.

"I attended a private patient for three attacks of severe rheumatic inflammation of the eyeball. When I saw her first, the iris was already more or less adherent to the capsule of the lens, and the retina almost insensible; the last accession of inflammation completed the adhesion of any portion of the pupil that had been free, and destroyed all sight. The lens was not opaque. She was in the course of attendance on me when she was induced by a physician to consult another surgeon for this eye, and it so happened that the morning on which she called, the other eye, as she expressed it, was rather red, and felt a little weak; but sight was not in the least impaired. Iridectomy was proposed, and the advantage so forcibly placed before her, and so admirably contrasted with the irresistible blindness that would follow, were it neglected, that the terms were accepted. The operation was immediately executed on both eyes. I saw the lady four months afterward. The disorganized eye was, of course, no better. The other was rendered very imperfect by the operation—that is, by the excision of so large a portion of the iris—that she could not read the largest type, nor do any kind of plain or worsted work, nor see anything distinctly."—p. 646.

"All these things," observes Mr. Walton, "tell nothing against iridectomy, if it be a valuable operation." Certainly not; they only demonstrate a lamentable ignorance of diagnosis, and a wretched greed of gain.

"It remains for me," says he, "to give the result of my experience from what I have seen of the operation in glaucomatous eyes, in the practice of others, and from my own. Respecting the first, the cases have been, with but few exceptions, of the chronic form of the disease. In some of them there was certainly a slight improvement of vision for a few days, but in none has this been more than temporary. Pain has also been relieved, and, in a few, has been so long absent that it has been supposed to be forever

removed, when, with sad disappointment, it has returned. \* \* \* Of the acute kind I can give no better report."—pp. 642, 643.

He, with Mr. Dixon, expresses the opinion that all the good which follows iridectomy may be attributed to the effect of the puncture, which permits the escape of the distending fluid.

Mr. Walton next proceeds to mention some other operations proposed for the cure of glaucoma, namely, Mr. Hancock's division of the ciliary muscles, by a cut through the sclerótica; Mr. Solomon's, intra-ocular myotomy, by pushing a cataract-knife through the corneo-sclerotic junction, in the direction of the annulus allidus; and Mr. Nunneley's, incision about an eighth of an inch long, half through the sclerótica, half through the cornea, by which the tension of the tunics is relieved and the aqueous humors evacuated. All three are proposed as substitutes for iridectomy, and are lauded by their several authors as exempt from the objections to that operation, while possessing all its advantages. If this be true, iridectomy for the cure of glaucoma must be set down as a barbarity. Mr. Solomon's procedure seems a sort of operative panacea for the eye, for it is supposed to cure, not merely glaucoma, acute and chronic, but conical cornea, myopia, and presbyopia, asthenopia, etc.

Chapter XIV. discusses the advantages of Artificial Eyes.

Chapter XV.—Affections of the Choroid.

Chapter XVI.—Affections of the Retina.

Chapter XVII.—Amaurotic Affections.

Chapter XVIII.—Temporary Affections of Vision.

Chapter XIX.—Peculiarities of Vision.

Chapter XX.—Affections of the Adaptive Power of the Eye.

Chapter XXI.—Choice of Spectacles and Eyeglasses.

Chapter XXII. is devoted exclusively to "Asthenopia," or incapacity to keep the eyes fixed upon near objects. This certainly might have been placed under some previous chapter.

Chapter XXIII. contains a fair account of the "Affections of the Muscles of the Eyeball," including "Strabismus," "Paralysis of the Muscles supplied by the 3d, 4th, and 6th Pair of Nerves," "Mydriasis and Entozoa within the Eye."

The concluding chapter, of twenty-four pages, treats of Affections of the Eyelids, in which the subject is thoroughly discussed.

Owing to the large amount of space we have already devoted "to the new and original views, which the author deems highly important," we have been simply able to enumerate the contents of the book, making but few observations.

The work, as a whole, is very creditable to the author, and, although we cannot accept all his views, yet we consider it a fair exponent of the present condition of ophthalmic medicine in the United States.

The book is beautifully printed on tinted paper, and well bound, as are all the works of its enterprising publishers.

L. T.

*Hand-Book of Surgical Operations.* By STEPHEN SMITH, M.D., Surgeon to Bellevue Hospital. New York: Baillière Brothers, 440 Broadway.

The production of this work has been the result of a conviction, on the part of the author, of the want of a small, convenient book for ready reference and guidance in the details of surgical operations. If there had previously existed a want of such a manual, the exigencies of the present times have certainly made its appearance exceedingly important and opportune. The far greater proportion of the surgeons who are now in the field of strife are, in the practical duties of the surgeon, to say the least, but little experienced. In a knowledge of the very details of the art of surgery is their greatest deficiency. They are, it is true, supplied by the government, or privately, with the valuable and heavy tomes of surgery for study; but for the emergencies of field-service, such means of reference can hardly be accessible.

With this view of the design and destination of this hand-book, we cannot but commend the object, and admit that it will be of great utility. At the same time, we would take the opportunity to say that we have no liking in general for the class of books called manuals, hand-books, pocket companions, etc., which profess attractively to crowd a vast amount of learning into a very small space. They are to the tyro delusively attractive, and in appearance much less formidable than ponderous volumes; but instead of being, as often mistaken by the novice, a short road to knowledge, are rather but a narrow and unsmoothed path.

The author of this hand-book has made no pretensions in the work beyond making it concise, yet comprehensive and intelligible for ready reference. The arrangement is convenient, and the details of the anatomy of parts concerned in operations, and the manipulative procedures are as explicit as the condensation will allow. To render the descriptions vividly impressive, a large number of wood-cuts has been introduced, which are mostly very simple, but, to our view, exceedingly graphic. Many which illustrate their subject in the clearest manner are but plain outline drawings.

The work is all that it professes to be, and we commend it particularly to the many young members of the profession who are now, for the first time, placed in responsible positions where more elaborate reference is not accessible.

*The Domain of Medical Police.* By DR. LOUIS ELLSBERG, of New York.

This is a paper read before the New York Sanitary Association, in February, 1862, and published in the *Am. Med. Monthly* for May. The object of the author seems to be both to suggest the employment and to define the domain of medical police. This domain he divides into three departments: 1. Preservation of public

health. 2. Removal of disease. 3. Administration of medical affairs. The first has reference to the improvement of the sanitary condition of the community, the second to the cure of diseases, and the third to the various laws, regulations, and institutions referring to medicine. Under each of these heads he presents some valuable suggestions. The full realizations of Dr. Ellsberg's plan would most effectually eradicate the main causes of disease in cities, and prevent many of the ills which are crowding human beings off the stage of action.

*Varola; its Nature and Treatment.* By ANDREW NEBINGER, M.D., Philadelphia.

This is a paper read before the Philadelphia County Medical Society, in November, 1857, and was called out at this juncture by a discussion of the subject before that society, in November, 1861, extracts from which are printed as an addendum to it.

The peculiarity of the paper, and the one which will most attract the attention of the profession, is the enthusiasm with which the author urges a particular line of treatment in the disease, in opposition to that which is usually employed. Viewing variola as essentially a *suppurative* disease, and not an inflammatory, as indicating an *asthenic* rather than a *sthenic* condition of the system, he says:—

"My practice has been in all cases of small-pox, during the irritative or febrile and papular stages of the disease, to prescribe an antiphlogistic, medicinal and dietetic treatment, but to abandon this form of treatment as soon as the papules begin to take upon themselves the vesicular form, and then commence a treatment which, in all its essentials, shall be supporting." In carrying out this treatment, he administers "a combination of eggs, milk, sugar, and ice, made in the proportion of one egg, well beaten, half a pint of milk, sugar and ice in quantities suited to the taste and desire of the patient." If stimuli are necessary, he adds brandy or Monongahela whisky, which can be more safely relied on for purity. The quantity of this diet given is a half pint with a half ounce of whisky, every two hours during the day and night, or oftener if the urgency of the symptoms requires it. The same course of treatment the author also employs in the secondary form of variola, the great object being, as he avers, to "keep it sthenic." As evidence of the correctness of his views on the nature of the disease, the doctor refers to the success of his treatment, a good but not always correct criterion by which to judge of the soundness of our theories, for many cases of variola, as well as other maladies, will terminate favorably with little or no remedial treatment. His statistics exhibit a mortality of 4 in 79 cases, or 1 in 19.75, showing a remarkably happy result.

The views of Dr. Nebinger are worthy of careful study and of a fair test in practice.



**Malignant Pustule in the United States.** By A. N. BELL, M.D., Physician to Brooklyn City Hospital, New York.

This pamphlet, of twenty-five pages, gives the history, diagnosis, prognosis, pathology, and treatment of this disease, which the author defines to be "a specific disease, essentially septic and gangrenous, confined in its beginning to the cutaneous tissue, and generally to those parts of the surface that are habitually uncovered, and caused by animal poison." It is not of very frequent occurrence in this country, and appears concurrently with epizootic disease, as with *murrain*, *pleuro-pneumonia* in cattle, etc.

**Conservative Surgery: with a List of the Medical and Surgical force of New York in the War of the Rebellion, 1861-62. To which is added a brief notice of the hospitals at Fortress Monroe and White House, Virginia.** By SYLVESTER D. WILLARD, M.D., of Albany, New York.

This pamphlet, of forty-one pages, forms a part of the Transactions of the Medical Society of the State of New York for 1862. It is a memorial volume, in which are inscribed the names, age, place and year of graduation, service since appointment, and promotion of every surgeon and assistant surgeon that has entered the army or navy to June 11, 1862. It gives also brief biographical notices of the dead. The graphic account given of the establishment of the hospital at White House, and of the sufferings of the brave wounded soldiers till it was made ready for their comfort, is described among the news items.

**A Review of the Case of The People against Rev. Henry Budge, indicted for the murder of his wife, Priscilla Budge.** By JOHN SWINBURNE, M.D., Albany, New York.

This is also a part of the Transactions of the Medical Society of New York, and contains an examination of the medico-legal questions involved in the case; a review of the positions taken by the medical witnesses for the defense; an extended discussion of the positions assumed by the medical witnesses for the prosecution, with cuts, and tables for illustration; letters and opinions from various eminent Americans, Dr. Charles A. Lee and Prof. Gross, and foreign medical jurists, Prof. Taylor, of England, and Prof. Geoghegan, of Ireland; together with copious abstracts from the evidence adduced and the judge's charge in the civil action of Henry Budge against Caleb Lyon, for libel, tried at the Herkimer Circuit, in October and November, 1861.

**Test for Poisonous Paper-Hangings.**—Common spirits of hartshorn or ammonia is a very sure and easy test for arsenic. On application, the beautiful but dangerous green turns to a decided blue.

## THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, JULY 5, 1862.

### FOOD AND MEDICAL SUPPLIES.

In another column we publish a letter from the Surgeon-General to Surgeon Letterman, recently appointed Medical Director of the army of the Potomac. We would call the special attention of our readers to this letter. There are some important points in it, and if its instructions are fully carried out—and they should be, to the letter—it will have the effect of adding greatly to the efficiency of the army of the Potomac, and to other divisions of the army of the Republic, whose medical directors have, undoubtedly, received similar instructions.

If men are expected to fight well, they must be fed well, their health carefully watched, besides being otherwise well provided for. To us it seems marvelous that men, who had been as poorly provided for as was the army of the Potomac for some time previous to the recent week of battles before Richmond, should have fought as well as they did on that occasion. Their fighting was, almost without exception, the admiration of every one. And yet for weeks the troops had been bivouacking in the open air at night, not having tents to shelter them from the malarious air of the Chickahominy swamps, while the quality and variety of their food was shamefully neglected. It has made our heart ache to read the letters written by privates in this army to their mothers, in which they describe the deprivations and exposure to which they were subjected.

We are fully aware that to properly supply an army of a hundred thousand men requires a great deal of labor, and we are aware, too, that there were many difficulties in the way of getting supplies to the army of the Potomac; but that there was mismanagement in this matter, and that it had its full influence in causing the delays in the operations before Richmond, we feel assured. The remark of the Surgeon-General that "the time has passed when the excuse of 'no supplies' will be accepted," seems to us to indicate that he felt that there had not been proper attention paid to the working of this department.

When it is considered how the provisioning of our brave, self-sacrificing soldiers in this army has been neglected, how they have lived for days on nothing but fat pork, hard biscuit, and coffee, so that the very thought of such food—all

that was provided for them—nauseated them, it is not surprising that they have been melting away, by fever and other forms of sickness, until the number of some of the regiments has been reduced by one-half and more, and it will be fortunate, indeed, if it escapes that terrible scourge of ill-provisioned armies—scurvy.

We trust that the appointment of a new medical director will have the effect of reforming the serious errors to which we have adverted. Though the Surgeon-General, in his letter of instructions, undoubtedly refers particularly to the supplies for the sick, we take it for granted that the medical director will, at least, exert his influence in seeing that the army is provided with such food as will prevent their needing medical supplies.

Another very important point in this letter of instructions, has reference to the faithful discharge of their duties on the part of medical officers. We are pained to have to say that we have had evidence of criminal neglect of obvious duty, or else criminal ignorance on the part of surgeons of regiments. We have witnessed the pale, lifeless form of a noble youth, the pride and hope of a widowed mother, which sadly illustrated this remark; and the culpable ignorance and neglect of these officers has often been the subject of observation in our hearing by the sick in the government hospitals in this city.

With such a letter of instructions as this of Surgeon-General Hammond, a competent medical director ought to be able to add greatly to the comfort and efficiency of an army. We trust that the Surgeon-General will prove to have been happy in his selection of these officers.

#### EDITORIAL NOTES AND COMMENTS.

*Military Medical and Surgical Reports.*—A copy of the following order from the Surgeon-General has been received:—

SURGEON-GENERAL'S OFFICE,  
WASHINGTON CITY, May 21, 1862.

In the monthly Reports of Sick and Wounded, the following details will be briefly mentioned in accompanying remarks:—

#### SURGERY.

*Fractures.*—The date of reception, the situation, character, direction, treatment, and result in all cases.

*Gunshot wounds.*—The date of reception, the situation, direction, and character; the foreign matters extracted, (if any); and the result in all cases.

*Amputations.*—The period and nature of the injury; the character of the operation; the time, place, and result.

*Excisions.*—All operations for, with a statement of the injury demanding them; the date of injury, the date of operation; the joint or bone operated upon, and the result.

#### MEDICINE.

*Fevers.*—Their character and symptoms; an outline of the plans of treatment found most efficient, with remarks on the location and sanitary condition of camps, or quarters, during the prevalence of these disorders.

*Diarrhæa and Dysentery.*—Grade, and treatment, with remarks on the character of the ration, and the modes of cooking.

*Scorbutic Diseases.*—Character and symptoms, with observations on causation, and a statement of the means employed to procure exemption.

*Respiratory Diseases.*—Symptoms, severity, and treatment, with remarks on the sheltering of the troops, and the atmospheric conditions.

Similar remarks on other preventible diseases.

Important cases of every kind should be reported in full. Where post-mortem examinations have been made, accounts of the pathological results should be carefully prepared.

As it is proposed to establish in Washington an *Army Medical Museum*, medical officers are directed diligently to collect, and to forward to the office of the surgeon-general, all specimens of morbid anatomy, surgical or medical, which may be regarded as valuable; together with projectiles and foreign bodies removed, and such other matters as may prove of interest in the study of military medicine or surgery.

These objects should be accompanied by short explanatory notes.

Each specimen in the collection will have appended the name of the medical officer by whom it was prepared.

WILLIAM A. HAMMOND,  
Surgeon General.

**NOTE.**—Medical directors will furnish one copy of this circular to every medical officer in the department in which they are serving; and they will hereafter forward to this office, with their consolidated monthly reports, all the monthly reports of the medical officers under their supervision. They will also immediately transmit all back monthly reports, and papers of every kind relating to the above subjects of medicine and surgery, which may have accumulated in their respective offices since the commencement of the rebellion.

*Aconitum Napellus in Certain Diseases.*—A correspondent at Saratoga Spa, New York, sends us the following as his method of adminis-

tering this remedy in certain diseases. The peculiar mode of administration he claims as original with himself. His prescription may be written out as follows:—

R.—Tinct. aconitum napellæ, gtt. x;  
Sach. alb. purum., 3iss.

This should be permitted to dry, when it is as portable as any medicine. The quantity above indicated may be placed in a pitcher of pure cold water, sweetened and iced, so that the patient may have a grateful drink, at the same time he gets the sedative effect of the cold along with the aconite. The patient should take a draught of this mixture every two or three minutes, in order to keep up the sedative effect, or until it acts freely as a diuretic and as a diaphoretic. Ten drops of aconite, with four quarts of water, every four hours, is as much as should be given. For children, the same proportional amount may be used, taking care to make proper local applications when necessary, and to insure good nursing. This remedy, given in this manner, our correspondent vouches for as efficacious in croup, diphtheria, pleurisy, pneumonia, and nearly the whole catalogue of inflammatory diseases, including fevers of the same type, and congestive typhus. For dysentery, and all grades of inflammation of the mucous membrane of the stomach and intestines, give the diluents in less quantity, and thickened to the consistence of cream with triticum farina. Of this mixture, a gill should be taken every three or five minutes, till tenesmus and thirst cease.

*A Singular Affection.*—Dr. Sickler, of Carpenter's Landing, New Jersey, gives us the following description of a disease which has been prevalent for some time past in his vicinity. He says: "It affects people in this wise: First. *They do not seem to be well.* The skin dry, harsh, not so red and hot as in our usual fevers. In parts of the body and extremities small papillæ, not colored, but very like 'goose-flesh.' This lasts a few days, and then the skin looks, in color and texture, very much like parchment. It seems to crack under the touch. Now the mouth and throat are covered with a white coat—the patient cannot taste or smell. This lasts about a week; then it commences to peel off, leaving the tongue and fauces of a deep-red color, and exceedingly sensitive. This condition seems to possess a migratory power. It usually passes the whole length

of the alimentary canal. It can be traced by the complaining of the patient in its peregrinations.

"The pulse has a sharp, quick feel under the finger, not hurried like scarlatina, nor the old-fashioned 'whip-cord,' serpentine one of gastritis or peritonitis. The exact feel of this pulse I cannot describe; but it is like no other, in the early stage of the disease, I ever examined: it does not often count more than 80 beats, but has a kind of 'pegging-and feel.'

"When first attacked, the patient is inclined to drowsiness or sleep—with very unpleasant moaning. Upon being aroused, the eyes are suffused with blood, and appear to have receded more than it is possible the optic nerve could allow; not much difficulty in respiration.

"Almost every case gets well '*after awhile*,' but never until a discharge of a sanguiferous character from the bowels, large in quantity, about one-half of which would form a coagulum.

"At first, I thought death would immediately follow this discharge, so profuse did it appear; but I now consider it necessary before the patient will be relieved of the gastric and enteric tenderness. Before this the patient is very dull and stupid—can retain no nourishment in the stomach. Immediately after, the stupor leaves, and the stomach will retain some delicately-prepared food.

"Great soreness pervades the whole body during the first week or ten days; although so apparently stupid, an attempt to breathe or rub is followed by a recession from the touch, and great moaning."

We learn that Dr. Sickler has been remarkably successful in the treatment of this peculiar affection, and have no doubt the readers of the *REPORTER* would be gratified to have both his views of the disease and of the treatment proper to be pursued.

## CORRESPONDENCE.

### Foreign Correspondence.

[The following extracts from a letter from the distinguished Dr. Desmarte, of Bordeaux, to our contributor, Dr. A. P. Dutcher, of Enon Valley, in this State, shows that his communications on Tuberculosis are attracting attention abroad as well as in this country.—EDS. MED. AND SURG. REPORTER.]



BORDEAUX, May, 1862.

SIR AND HONORED BROTHER:—I have read with the most lively interest your excellent article entitled "The Gingival Margin as a Sign of Tuberculation of the Lungs." The article, published originally in the MEDICAL AND SURGICAL REPORTER, has been republished by several of the French journals, especially by "*L'Abeille Médicale*," to which I am a contributor. Like yourself and Dr. Thompson, (the author or writer on consumption,) I have frequently remarked that during phthisis the gums have not had a healthy appearance, and I congratulate you on the success of the investigations you have made on this subject. Perhaps we may yet arrive at the discovery of the true cause and the cure of that terrible malady, that has so long baffled the skill of the physician and the effects of medicine.

\* \* \* \* \*  
 \* \* \* And now will you be kind enough to give me some information on another subject, which is this: in France, and in Europe generally, the vine has been seized with a disease called *oidium*. This disease causes the loss of the grapes, and consequently the ruin of the proprietors, who may not be able longer to raise the vine. We fear the vineyards may have worn out, and that the vine will disappear, like many other plants, from the globe. I shall be very thankful to you to tell me, if in Pennsylvania the vine has been troubled with the same disease? If I can, in return, give you any information, useful or interesting, be assured that it will give me the greatest pleasure to do so. Accept, sir and honored brother, the assurance of my high consideration and devotion.

DR. S. P. DESMARTES.

## NEWS AND MISCELLANY.

*Association of Medical Superintendents of American Institutions for the Insane.*—The sixteenth annual meeting of this Association was held in Providence, Rhode Island, June 10-12. The following members were present:—

Dr. W. H. Rockwell, Vermont Asylum for the Insane, Brattleboro', Vt.  
 Dr. J. H. Worthington, Friends' Asylum for the Insane, Frankford, Philadelphia, Pa.  
 Dr. J. S. Butler, Retreat for the Insane, Hartford, Conn.  
 Dr. Isaac Ray, Butler Hospital, Providence, R. I.  
 Dr. John E. Tyler, McLean Asylum for the Insane, Somerville, Mass.  
 Dr. George C. S. Choate, Taunton Lunatic Hospital, Taunton, Mass.  
 Dr. John P. Gray, New York State Lunatic Asylum, Utica, N. Y.

Dr. E. Hill, Central Ohio Lunatic Asylum, Columbus, Ohio.  
 Dr. Henry M. Harlow, Maine Insane Asylum, Augusta, Me.  
 Dr. Merrick Bemis, State Lunatic Hospital, Worcester, Mass.  
 Dr. Joseph A. Reed, Western Pennsylvania Hospital for the Insane, Pittsburgh, Pa.  
 Dr. Oliver M. Langdon, Longview Asylum, Cincinnati, Ohio.  
 Dr. E. H. Van Dusen, Michigan Asylum for the Insane, Eastman, Mich.  
 Dr. Andrew Fisher, Maiden Lunatic Asylum, Canada West.  
 Dr. H. A. Buttolph, of the New Jersey State Lunatic Asylum, Trenton.  
 Dr. John Curwen, Pennsylvania State Lunatic Asylum, Harrisburg, Pa.  
 Dr. T. S. Kirkbride, Pennsylvania Hospital for the Insane, Philadelphia.

The Convention was called to order by the Secretary, Dr. John Curwen, of Pennsylvania.

In the absence of the President, Dr. Andrew McFarland, of Illinois, Dr. W. H. Rockwell, of Brattleboro', Vermont, was chosen President *pro tem*.

Letters were read from Drs. W. S. Chipley, of the Eastern Lunatic Asylum, Lexington, Kentucky, and Andrew McFarland, of the Illinois State Hospital for the Insane, excusing their absence from the Convention, on the ground that their services were needed to attend on the wounded of the army of the Southwest. Dr. McFarland resigned his office as president of the Association.

The following were elected officers of the Association for the ensuing year:—

President.—Dr. T. S. Kirkbride, of Philadelphia, Pa.  
 Vice-President.—Dr. John S. Butler, of Hartford, Conn.  
 Treasurer.—O. M. Langdon, of Cincinnati, Ohio.

The following Committees were appointed by the President:—

On Business.—Drs. J. S. Butler, I. Ray, J. H. Worthington.

On Resolutions.—Drs. G. C. S. Choate, J. P. Gray, A. Fisher.

On the Place of the Next Meeting.—Drs. M. Bemis, E. H. Van Dusen, J. A. Reed.

*White House Hospital.*—The establishment of this hospital is thus graphically described by Dr. S. D. Willard, of Albany, New York, who assisted in its organization. He says, Dr. Tripler, the Medical Director, requested us to establish this hospital, of which Brigade-Surgeon J. H. Baxter was to remain as director. About three hundred sick had been left on the ground. The hospital was to be composed of one hundred tents erected in double line on an oblong square, to accommodate twelve hundred patients, or twelve in each tent. Two companies from the New York 93d and one from the 106th Pennsylvania were detailed for the labor under our supervision. There was a delay in obtaining spades and axes; nothing could be done without them. It began to rain early in the afternoon, and the sick men were picked from the road side as fast as tents were erected to shelter them, others gathered under the trees until tents were ready. Night came and there was neither straw nor any food. These poor sick and tired fellows laid down on the ground like brave men, without straw or food, and without a word of complaint. On Tuesday ambulances arrived with the sick faster than we were able to dispose of them. The straw that we obtained was wet and musty. There was yet no means for getting water, or beef, or kettles, or wood, and the thousand other things that per-

tained to the necessities of a hospital, and when night came again we all laid down on the ground in our tents, tired and hungry, and full of sympathy for the sufferings we could not relieve. On Wednesday the army supplies began to come in. The sanitary commission arrived and furnished us with beef, straw, beds, pillows, shirts, and towels; while camp kettles, medical stores, coffee, rice, and sugar, were furnished from the army department. An arrangement was made for the transportation of wood and water; system and comfort began to come out of confusion and want. To Dr. Cogswell was assigned the laborious duties of the office, and the superintendence of the hospital records, while to Drs. Swinburne, Lansing, and myself, of Albany, Drs. Page and Hall, of Boston, was intrusted the reception and the treatment of the patients.

On Thursday a tremendous rain flooded the ground and some of the tents, so that many of the sick lay in the water. This was bad enough, but the men were brave and uncomplaining. Hay was brought after the rain, to raise them above the wet, and the surgeons waded through mud nearly to the top of their boots to see that the hay was well distributed, and to look after the sick. Immediate measures were then taken to floor the tents with plank, six inches above the ground, and to increase the drains around them. The sanitary commission did excellent service, and provided for the immediate wants of the sick, before the government resources could be obtained.

**Death of Mr. Wakley.**—One of the June numbers of the *Lancet* chronicles the death of Mr. Wakley, the founder of that able journal. He died of consumption, at the age of sixty-seven, after a life of unwearied labor in the cause of medical reform; and it may be said that to him, more than to any one else, does modern medical journalism owe much that distinguishes it. Mr. Wakley did not confine himself to the rectification of medical abuses. He was a prominent member of the House of Commons; and here, besides defending and upholding, on all occasions, the rights of his medical brethren, he was "determined in his exposure of all popular abuses, and still more in his championship of the neglected poor." "In addition," says the *Lancet*, "to other services that Mr. Wakley rendered to the profession, may be mentioned the part he took in establishing a system of clinical teaching in London. Previous to the appearance of that journal, clinical teaching was unknown. He was the first to publish reports of the proceedings of the various medical societies. This course met with strenuous and long-continued opposition, and it required years of resolute perseverance to bring this kind of reporting to anything like perfection. It is now an important element in professional instruction. Mr. Wakley was always the defender and upholder of the rights and privileges of the surgeons of the united services, and of the Poor-law medical officers. He lent his aid effectually to the reform of the laws affecting

lunatics. His name is associated with most of those proceedings which had reference to the welfare of the great body of surgeons in general practice."

He had, for some years previous to his death, abandoned his editorial labors; never, however, failing "in generous regard and affection for the journal," which has, for many years, exercised so powerful an influence in the medical world. The memory of such a man as Mr. Wakley will long be cherished as the most successful medical reformer of the age.—*Boston Med. and Surg. Journal*.

*The Dublin Medical Press* says there exists beyond the Balonne River, in Western Australia, a race of men destitute of hair on their bodies. They appear to be of Mongolian or Chinese origin.

**Plagiarism.**—A cotemporary charges that Dr. Paine, of this city, Professor in the Eclectic Medical College, publishes in his journal an original lecture on Abortion, the greater portion of which is copied verbatim, without acknowledgment, from Professor Bedford's recent work on the *Principles and Practice of Obstetrics*.

## MARRIED.

VOORHIES—WILKING.—At Easton, Pa., on the morning of the 25th ult., by the Rev. Benjamin Saddler, Charles A. Voorhies, M.D., to Miss Anna, youngest daughter of J. H. Wilking, Esq., both of that place.

## Vital Statistics.

OF PHILADELPHIA, for the week ending June 28, 1862.  
Deaths—Males, 150; females, 123; boys, 70; girls, 72. Total, 273. Adults, 131; children, 142. Under two years of age, 85. Natives, 204; Foreign, 42. People of color, 15. From the country, 14.

Among the causes of death, we notice—Apoplexy, 4; convulsions, 15; croup, 0; cholera infantum, 10; cholera morbus, 0; consumption, 20; diphtheria, 4; diarrhoea and dysentery, 4; dropsy of head, 2; debility, 18; scarlet fever, 6; typhus and typhoid fever, 13; inflammation of brain, 11; of bowels, 5; of lungs, 15; bronchitis, 1; congestion of brain, 9; of lungs, 2; erysipelas, 1; whooping-cough, 0; marasmus, 12; small-pox, 4; wounds, gunshot, 19.

For week ending June 29, 1861.....263  
" " June 28, 1862.....259  
Population of Philadelphia, by the census of 1860, 568,034. Mortality, 1 in 2193.

OF NEW YORK, for the week ending June 23, 1862.  
Deaths—Males, 186; females, 155; boys, 98; girls, 84. Total, 341. Adults, 159; children, 182. Under two years of age, 133. Natives, 219; Foreign, 122; Colored, 4.

Among the causes of death, we notice—Apoplexy, 4; infantile convulsions, 24; croup, 8; diphtheria, 11; scarlet fever, 12; typhus and typhoid fevers, 10; cholera infantum, 10; cholera morbus, 0; consumption, 56; small-pox, 0; dropsy of head, 10; infantile marasmus, 7; diarrhoea and dysentery, 20; inflammation of brain, 8; of bowels, 6; of lungs, 16; bronchitis, 5; congestion of brain, 11; of lungs, 8; erysipelas, 0; whooping-cough, 1; measles, 0: 178 deaths occurred from acute disease, and 35 from violent causes.

For week ending June —, 1861.....000  
" " June 23, 1862.....341  
Population of New York, by the census of 1860, 814,277. Mortality, 1 in 2588.

OF BOSTON, for the week ending June 14, 1862.  
Deaths—Males, 36; females, 31. Total, 67. Natives, 48; Foreign, 13.

Among the causes of death, we notice—Phthisis, 15; cholera infantum, 0; croup, 1; scarlet fever, 6; pneumonia, 6; variola, 2; dysentery, 0; typhus fever, 6; diphtheria, 1; whooping-cough, 1; convulsions, 1.

Population of Boston in 1860, 177,902. Average corrected to increased population, 71-9.